

MDR Tracking Number: M5-04-3637-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 28, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, manual therapeutic technique, therapeutic activities & exercises, TENS supplies, ROM, muscle testing, special reports, prolonged physical services, hot/cold pack therapy, and electrical stimulation-unattended from 08-04-03 through 11-24-03 **were not** medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 07-27-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

The carrier denied CPT code 99080-73 for date of service 09-23-03 as not medically necessary based on a peer review. However, the TWCC-73 report is a required report and is not subject to an IRO review. The Medical Review Division has jurisdiction in this matter and therefore, recommends reimbursement in the amount of \$15.00 in accordance with the Medical Fee Guidelines.

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable for date of service 09-23-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 1<sup>st</sup> day of October 2004.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

August 24, 2004

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-04-3637-01  
TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: 5055

Dear

\_\_\_ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, \_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of \_\_\_ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine and is currently on the TWCC Approved Doctor List.

### **REVIEWER'S REPORT**

#### **Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor: letter of medical necessity, H&P, daily progress notes, therapeutic procedures, nerve conduction study and radiology report.

Information provided by Respondent: correspondence and designated doctor exam.

**Clinical History:**

The documentation provided for review indicated the claimant sustained work-related injuries to his back during the course and scope of his employment on \_\_\_\_\_. These records indicate the patient was provided emergency medical attention on the day of the

injury and changed treating doctors to seek chiropractic services. The patient received a protracted course of chiropractic manual therapy services and rehabilitation services from three different treating chiropractors. The duration of the overall course of care was ongoing over one year post-onset of symptoms. The claimant also received medical non-surgical and advanced invasive pain management services.

**Disputed Services:**

Office visits, manual therapeutic technique, therapeutic activities & exercises, TENS supplies, ROM testing, muscle test, special reports, prolonged physical services, hot/cold pack therapy, and electrical stimulation-unattended during the period of 08/04/03 through 11/24/03.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were not medically necessary in this case.

**Rationale:**

The services in dispute were not documented by the provider as medically necessary services. In fact, these services represent a course of care that is unjustifiably protracted beyond the time frames and duration of care proposed as medically necessary, reasonable, and appropriate by current peer-reviewed medical literature, evidence-based disability guidelines, the Commission's spine treatment guidelines, and the chiropractor profession's own consensus document (Mercy Center Conference).

Sincerely,